

2129

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. 117 ✓

(This return should preferably be made by the person who made the original.)

Place of Birth MIAMI County GILA No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
MALE			
DATE OF BIRTH* AUG. 22- 1910 193.			
(Month) (Day) (Year)			
FULL* NAME		FATHER	
JUAN CANEZ			
FULL* MAIDEN NAME		MOTHER	
CRUZ MORENO			

I HEREBY CERTIFY that the child described herein has been named

REYNALDO CANEZ,
(Give name in full) (Surname)

Juan Caney
(Parent's signature)

*These items to be entered by the local registrar before giving out this form.

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

939-822-346

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

Ophthalmia neonatorum or babies' sore eyes may cause the blindness of the child unless prevented or cured.

Keep the discharge of the mother out of the baby's eyes.

Wipe the baby's eyes with absorbent cotton moistened in warm boiled water as soon as the baby is born.